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ABSTRACT

The Partnership Attitude Tracking Study (PATS) is Partnership for a Drug Free America's (PDFA) unique contribution to the field of substance abuse prevention. An annual study that tracks the attitudes consumers have about illegal drugs, this research examines what PDFA's target audiences think and feel about various drugs. After a decade of rising adolescent drug use, the results of the PDFA's annual survey of students in grades 7 through 12 provide a reason to be optimistic about the future. Anti-drug attitudes are strengthening and drug use among teens is declining. PATS found that significantly more teens in 2002 than in 2001 felt there is a "great risk" in trying Ecstasy once or twice and also in using the drug regularly. In 2002 there was an improvement in teens' attitudes and use of marijuana. While overall perceived risk in trial and regular use of marijuana did not change, teens were more likely in 2002 than in 2001 to see specific risks in marijuana use. The study also found the continuation of a decline in past year and past month inhalant abuse. There were significant declines in adolescent use of LSD (2002 versus 2001) and methamphetamine (2002 versus 1998). One-fifth of teens reported abuse of prescription painkillers and about one in ten reported abuse of Ritalin or Adderall without a doctor's prescription. The study also found that compared to 2001 there was a significant increase in media as sources of information about the risks of drugs. (GCP)

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Partnership for a Drug-Free America®

Partnership Attitude Tracking Study

Teens • 2002

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Mission

Each year in America, millions of children are faced with a decision – a decision about using drugs. Our job is to help children make the right choice.

The Partnership for a Drug-Free America® (PDFA) is a coalition of communications professionals – from advertising, the media industry, public relations, research companies, actors guilds and production companies – dedicated to one mission: *to help kids and teens reject substance abuse by influencing attitudes through persuasive information.* Our mission unfolds primarily in the form of a research-based national advertising campaign, now in its 16th year, created by hundreds of volunteers who comprise the Partnership.

With a diversity of private sector funders supporting our work, the Partnership is beholden to no special interest, has no political agenda and supports no commercial concern. Our singular concern is reducing drug use among children.

The Partnership for a Drug-Free America® Today

A pioneer in the field of consumer social marketing, the Partnership for a Drug-Free America® is perhaps best known for its national advertising campaign. The Partnership's more than 15 years of experience and its national model have become the foundation on which similar and larger issue-oriented media campaigns have been built.

The Partnership is comprised of a small staff and hundreds of volunteers from the communications industry who create and disseminate the organization's advertising. Advertising agencies create Partnership messages pro bono; talent unions permit their members to work for free; production professionals bring Partnership messages to life; a network of advertising professionals distribute the group's work to national and local media; public relations firms lend services to various Partnership projects; and media companies donate valuable broadcast time and print space to deliver Partnership messages to millions of Americans.

The organization began in 1986 with seed money provided by the American Association of Advertising Agencies. Today, the Partnership receives major funding from The Robert Wood Johnson Foundation and support from more than 200 corporations and companies. PDFA accepts no funding from manufacturers of alcohol and/or tobacco products. PDFA's first ad appeared in March 1987; the campaign is now the largest public service media campaign in advertising history.

The Partnership is now participating in an unprecedented public/private marketing effort – the largest ever undertaken in the United States – that is redefining public service advertising. Backed by an average annual appropriation of about $190 million[1] and with bipartisan support in the U.S. Congress, the National Youth Anti-Drug Media Campaign has become the

[1] 1998 appropriation: $195 million; 1999 appropriation; $185 million; 2000 appropriation: $185 million; 2001 appropriation: $185 million; 2002 appropriation: $180 million.

centerpiece of the country's efforts to reduce demand for illegal drugs. Rolled out nationally in July 1998, the effort is taking several directions, but at its core the campaign is tapping into the enormous power of mass media through the Partnership's national advertising campaign. The bulk of federal monies appropriated for this program were specifically earmarked for the one thing that eluded PDFA's campaign in the early and mid-1990s – consistent, targeted and optimal national media exposure for anti-drug advertising.

The Partnership, which receives no funding for its role in this campaign, is the primary provider of advertising to this federally backed effort. The advertising industry – which is and has been the heart and soul of the Partnership – continues to create our messages for free. All PDFA messages are made available to the National Youth Anti-Drug Media Campaign.

The Office of National Drug Control Policy (ONDCP) in cooperation with PDFA coordinates the campaign. Working with ONDCP and Congress, the campaign is commanding as much exposure as many leading commercial advertisers, and returning outstanding value to U.S. taxpayers. For every dollar the government spends on media exposure, media companies are asked to donate equivalent value through additional advertising exposure. To date, the matching component of the campaign has leveraged substantial added media exposure for the campaign.

In addition to its work on the national level, the Partnership has helped create 55 state- and city-based versions of its national advertising campaign through its State/City Alliance Program. Working with state and city governments and locally based drug-prevention organizations, the Partnership provides – at no cost – the guidance, on-site technical assistance and creative materials necessary to shape a multimedia campaign tailored to local needs.

The Partnership is a prevention organization. Its messages seek to reinforce behavior among teens and pre-teens that do not use drugs; to prevent drug experimentation and initiation; and to persuade non-addicted users to stop. Messages target kids and parents. Ads created for the Partnership are subject to a rigorous approval process, including review by a panel of behavioral experts, final approval by a committee comprised of some of the best creative directors in the advertising industry and testing for effectiveness with target audiences.

Creating effective anti-drug messages requires talent, passion and dedication. It also requires an understanding of the issue that's firmly grounded in research. The Partnership has the largest body of consumer-based attitudinal research on drugs in the nation. This research provides insights into the minds of young people and helps to ensure our messages will reach and resonate with their intended audiences. Sophisticated consumer research – along with the critically important counsel of our partners in health care, education, government, entertainment and community volunteer organizations across the country – ensure that Partnership ads continue to meet the highest standards of excellence.

(For more information about the Partnership and its programs, download PDFA's latest annual report @ www.drugfreeamerica.org/newscenter. To request a hard copy of the report by mail, call the Partnership's Public Affairs Group @ 212-922-1560.)

The Partnership Attitude Tracking Study

The Partnership Attitude Tracking Study (PATS) is PDFA's unique contribution to the field of substance abuse prevention. An annual study that tracks the elaborate and complex attitudes consumers have about illegal drugs, this research allows us to understand what our target audiences think and feel about various drugs. This consumer-focused, consumer-based research is the largest drug-related attitudinal tracking study in the country. No other organization in the country – commercial, non-profit or governmental – has the rich insights into consumers and drugs that PATS has captured in its 15 installments. The insights gleaned from this study help us develop advertising designed to *unsell* drugs to consumers.

Attitudes drive behavior. According to the University of Michigan's Monitoring the Future study, two critical drug-related attitudes – perception of risk (how risky consumers view a particular drug) and perception of social disapproval (consumer appeal and acceptance of a particular drug) – move in correlation with consumption. Generally speaking, as consumers come to view drug use as more risky and increasingly disapprove of drugs, consumption declines. Similarly, the opposite holds true.

Understanding the vast dimensions of perceptions of risk and social disapproval provides a look into the consumer mindset on drugs, and offers some insight into the challenges of effectively *unselling* drugs via media communication. It is no easy task. When it comes to drugs and drug taking, consumers define risk in a multitude of ways – physical, emotional, social, aspirational, etc. Each risk category is segmented by specific types of attitudes. The same holds true for social disapproval. Both major categories, and the elaborate array of subcategories and attitudinal measures, are influenced by a multitude of variables – age, gender, race, socio-economic background, geography, peers and other influencers.

Different consumers look at different drugs in different ways. As children pass through childhood into adolescence, for example, their attitudes about drugs – marijuana, cocaine, inhalants, heroin, etc. – change constantly. In addition, teens view trial use of drugs very differently than they view regular use. In developing media messages to speak effectively and persuasively to our target audiences about drugs, we must understand their mindset, their attitudes about drugs. The more we do – and the more our messages acknowledge this reality – the more effective the messages will be.

PATS consists of two nationally projectable samples – a teen sample for students in grades 7 through 12, and a parent sample. The 2002 PATS is the 15th wave of this research conducted

since 1987. Prior to 1993, these studies were conducted by interviews in public locations. Since the 1993 study, PATS has been conducted in schools and in homes. Beginning with the 1995 study, the in-home study was conducted with parents of children under the age of 19, and data from that sample are projected accordingly.

Since 1993 Roper ASW, Inc., a leading market research company, has conducted the studies for PDFA. PATS is funded, in part, by an organizational grant from The Robert Wood Johnson Foundation. In the 2002 PATS teens' study, 7,084 adolescents nationwide were surveyed. The margin of error for the sample is +/–1.5 percent.

The data in this report were collected from April through June 2002. Adolescents in grades 7 through 12 were questioned with an oversampling of African- and Hispanic-American populations. Adolescents completed self-administered questionnaires under the supervision of Roper ASW's interviewers. The anonymity of all respondents was maintained throughout the study.

Significant differences on charts and graphs in this report are indicated only for 2002 results versus 1998 and 2001, unless otherwise noted. Significant differences are noted with an asterisk (*).

Questionnaire Development

Roper ASW developed the questionnaires for the Partnership Attitude Tracking Study in cooperation with the Partnership for a Drug-Free America.® Survey instruments were based on past PATS questionnaires, with modifications designed to cover new areas of interest, to improve the sensitivity of the existing questions and to produce data that could be directly compared with other existing research.

Self-Report Data

PATS is based on self-reported data. Surveys based on self-reported data collection represent the dominant methodology used in the marketplace. Many academic/government institutions use self-reporting data when researching sensitive issues, i.e., Centers for Disease Control (Youth-At-Risk), University of Michigan (Monitoring the Future study), the U.S. Department of Health and Human Services (National Household Survey on Drug Use).

Executive Summary

After a decade of rising adolescent drug use among our nation's children, the results of the Partnership for a Drug-Free America's annual survey of students in grades 7 through 12 provide a reason to be optimistic about the future. Anti-drug attitudes are strengthening and drug use among teens is declining.

The Partnership for a Drug-Free America fulfills its mission to by focusing on affecting attitudes toward substance abuse because attitudes drive behavior. According to the University of Michigan's Monitoring the Future study, two critical drug-related attitudes – perception of risk (how risky someone views a particular drug) and perception of social disapproval (how appealing and accepting someone views the use of a particular drug) – move in correlation with use. Generally speaking, as consumers view drug use as more risky and increasingly disapprove of drugs, use declines. Similarly, the opposite holds true.

The Partnership Attitude Tracking Study found that significantly more teens in 2002 than in 2001 felt there is a "great risk" in trying Ecstasy once or twice and also in using the drug regularly. There were also significant and dramatic increases in teens' perceptions of specific risks of Ecstasy use. Teens in 2002 were significantly more likely than in 2001 to feel that there is a "great risk" to someone who uses Ecstasy of *getting hooked on Ecstasy, having long-term brain damage, dying, having memory problems*, and *getting depressed*. Many of these risks were addressed in the Partnership's new National Education Campaign on Ecstasy.

In 2002 there was an improvement in teens' attitudes and use of marijuana. While overall perceived risk in trial and regular use of marijuana did not change, teens were more likely in 2002 than in 2001 to see specific risks in marijuana use.

Teens in 2002 were significantly more likely than in 2001 to say that there is a "great risk" in marijuana use of *losing the respect of family and friends, letting other people down, not getting into a good college*, and *messing up their lives*.

The Partnership Attitude Tracking Study also found the continuation of a decline in past year and past month inhalant abuse. The Monitoring the Future researchers give much of the credit for the decrease in inhalant abuse to the Partnership's anti-inhalant abuse campaign. *"The turnaround in inhalant use and beliefs about its harmfulness corresponds exactly with the start of the Partnership for a Drug-Free America's anti-inhalant ad campaign, so we are inclined to credit much of the improvement in inhalant use to that intervention."*

There were significant declines in adolescent use of LSD (2002 versus 2001) and methamphetamine (2002 versus 1998).

Adolescent use of cocaine/crack, heroin, GHB, and ketamine remained steady versus previous years.

One-fifth (20 percent) of teens reported abuse of prescription painkillers and about one in ten reported abuse of Ritalin or Adderall without a doctor's prescription.

The Partnership's study also found that compared to 2001 there was a significant increase in media as sources of information about the risks of drugs. TV shows, news, or movies; TV commercials; and outdoor billboards significantly increased as a source where teens say they *learned a lot about the risks of drugs*. During this time period, most non-media sources of information – school, parents, friends, and brothers/sisters did not show any change.

The only two national drug-related adolescent surveys conducted in 2002 (Monitoring the Future and the Partnership Attitude Tracking Study) report very similar findings – an increase in anti-drug attitudes and corresponding declines in drug use.

Monitoring the Future found significant declines in Ecstasy in all three prevalence categories measured (lifetime, annual, and 30-day) in all three-grade levels, 2002 versus 2001.

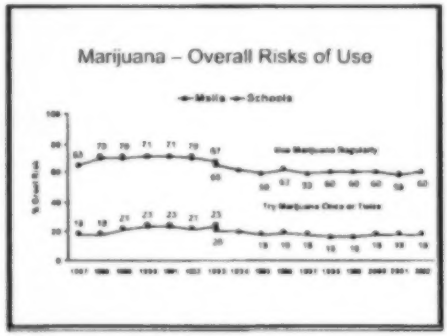
Monitoring the Future found significant declines in 2002 versus 2001 among 10th graders annual and 30-day marijuana prevalence rates. At the 8th grade level there has been slow but quite steady progress.

The Partnership Attitude Tracking Study - Teens

Marijuana Attitudes and Use

In 2002 there was an improvement in teens' attitudes and use of marijuana.

While overall perceived risk in trial and regular use of marijuana did not change, teens were more likely in 2002 than in 2001 to see specific risks in marijuana use.



Teens in 2002 were significantly more likely than in 2001 to say that there is a "great risk" in marijuana use of *losing the respect of family and friends, letting other people down, not being able to get a girlfriend/boyfriend, not getting a job because of pre-employment drug testing, messing up their lives, not getting into a good college, and becoming a dealer*.

These are key attitudinal measures that, when taken together, suggest that teens may be becoming more aware of the risks in marijuana use and less likely to initiate trial.

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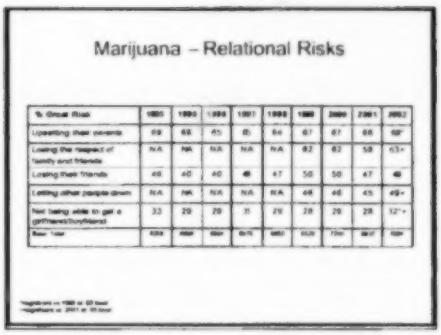
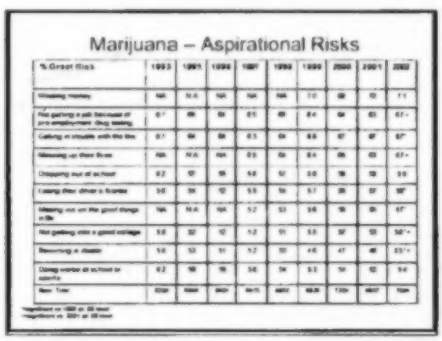
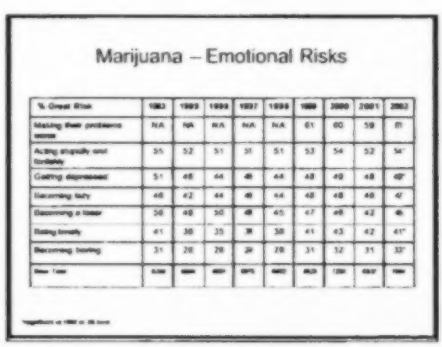
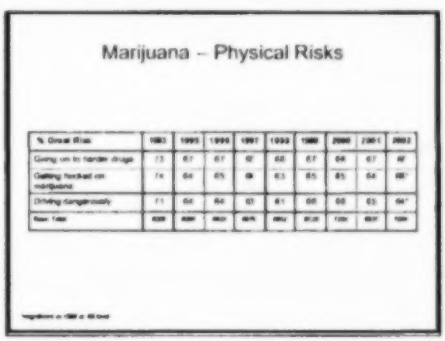






Short-term effects of marijuana include problems with memory and learning, distorted perception (sights, sounds, time, touch), trouble with thinking and problem solving, loss of motor coordination, increased heart rate, and anxiety.

For more information on marijuana go to http://www.drugfreeamerica.org/Drug_Resource



Measures of societal acceptability in 2002 – *most people will try marijuana, smoking marijuana is OK, OK for 21 and older to smoke marijuana in private, in my school most teens don't smoke marijuana, in my school marijuana users are popular, the coolest kids smoke marijuana* – held steady over the past year.

In 2002 teens were less likely to report hearing *discussions about the legalization of marijuana* and *medical marijuana* than they were in 2001.

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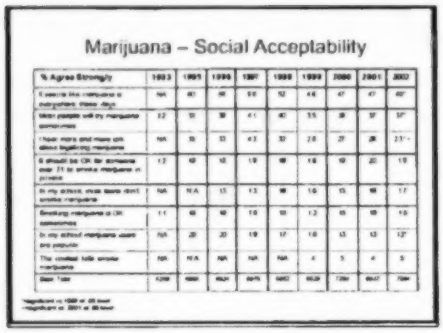
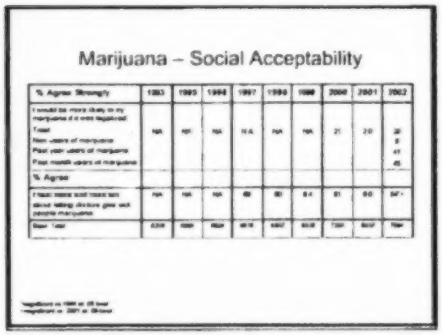
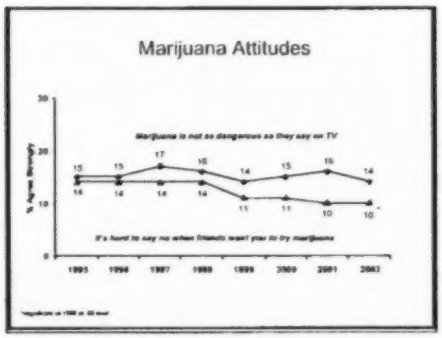
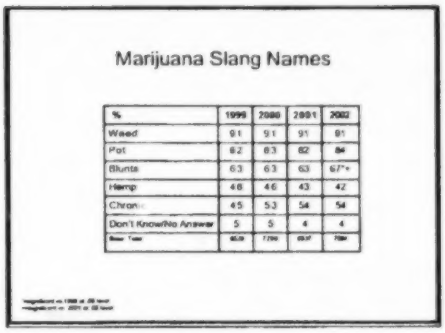




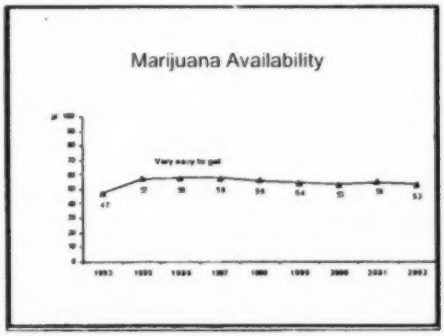
Other attitudes relating to marijuana use remained stable versus 2001.



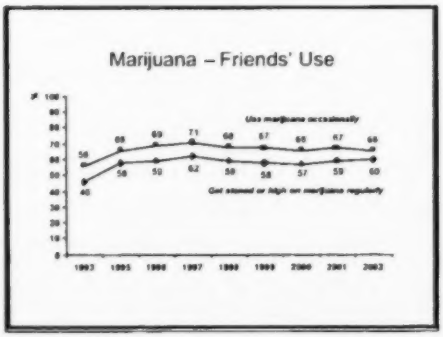
The majority of teens call marijuana "weed," followed by "pot." "Blunts," "chronic," and "hemp" are less used slang terms.



Perceived availability of marijuana remained the same as in previous years. A little over half of teens say that marijuana is "very easy to get."



Reported use of marijuana by friends did not change in 2002 versus previous years.



Reported use of marijuana by family members also remained stable in 2002.

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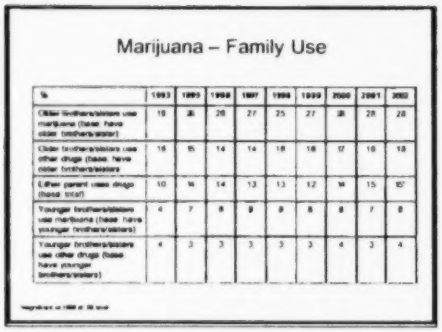
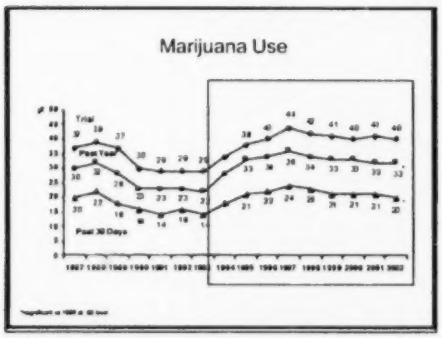
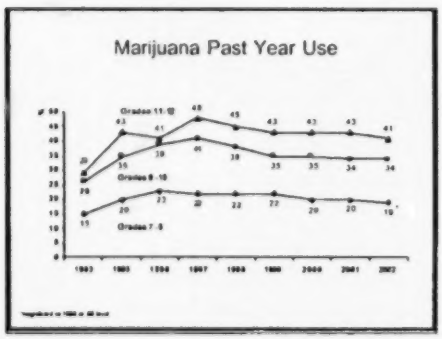


In the early 90s, teen use of marijuana significantly increased, peaking in 1997. Since 1998, marijuana use has slowly declined and in 2002 teens were significantly less likely than in 1998 to smoke marijuana in the past year or in the past month.



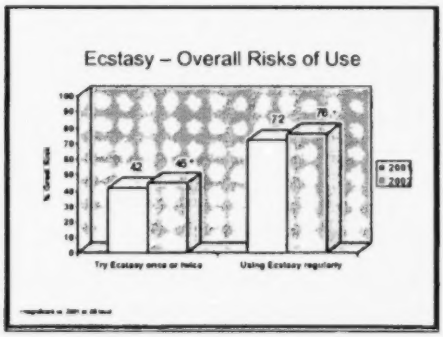


Monitoring the Future found significant declines in 2002 versus 2001 among 10th graders annual and 30-day prevalence rates. At 8th grade there has been slow but quite steady progress.

Ecstasy Attitudes and Use

MDMA or Ecstasy (3-4-methylenedioxymethamphetamine), is a synthetic drug with amphetamine-like and hallucinogenic properties.

The perceived risk in Ecstasy trial and use significantly increased from 2001 to 2002 among teens. Just under half perceive a "great risk" in trying Ecstasy once or twice and about three-quarters see "great risk" in using the drug regularly.



There were also significant and dramatic increases in teens' perceptions of specific risks of Ecstasy use. Many of these risks were addressed in the Partnership's new Ecstasy campaign.

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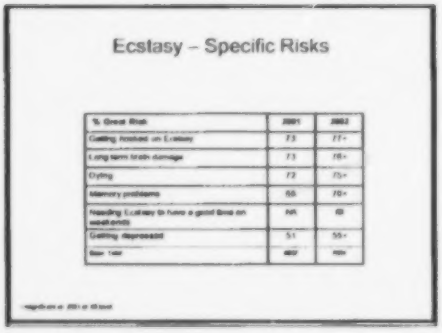
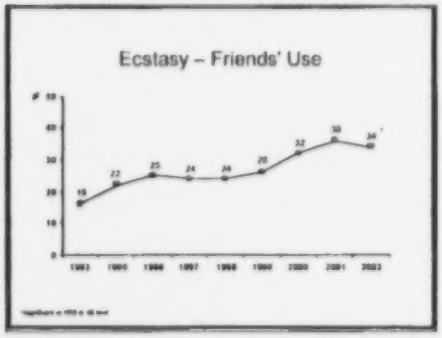


Short-term effects of Ecstasy include psychological difficulties, including confusion, depression, sleep problems, drug craving, severe anxiety, and paranoia – during and sometimes weeks after taking MDMA, physical symptoms such as muscle tension, involuntary teeth clenching, nausea, blurred vision, rapid eye movement, faintness, and chills or sweating.

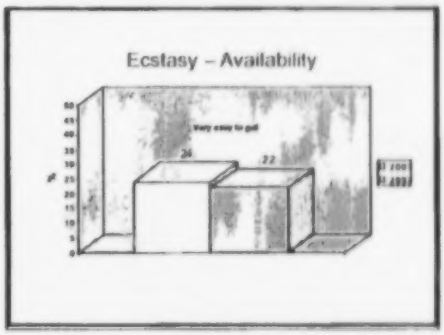
For more information on Ecstasy go to http://www.drugfreeamerica.org/Drug_Resource

Reported use of Ecstasy by friends has stabilized.[2]

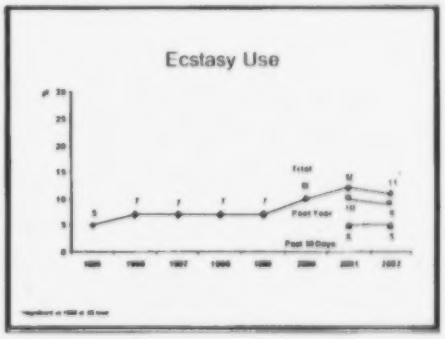


[2] Reported friends' use has proven to be highly predictive of adolescent drug use. However, adolescents tend to over estimate the number of their peers that use illegal drugs; therefore, friends' use prevalence is always higher than reported use.

However, perceived availability of Ecstasy did not change.



Trial of Ecstasy in 2002 has stabilized. Next year's survey will be able to report on whether use has begun to head downward.



Monitoring the Future found significant declines in all three prevalence categories measured (lifetime, annual, and 30-day) in all three-grade levels, 2002 versus 2001.

According to the study's principal investigator, Lloyd Johnston, and his colleagues and coauthors, Patrick O'Malley and Jerald Bachman, the 2002 downturn in Ecstasy use was not entirely unexpected. *"We have been saying for some time that the sharp rise in Ecstasy use would not turn around until young people began to see this drug as more dangerous,"* Johnston said. *"Last year,*

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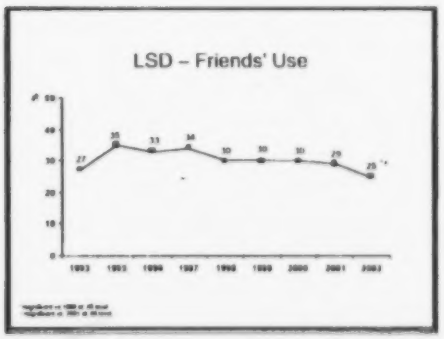
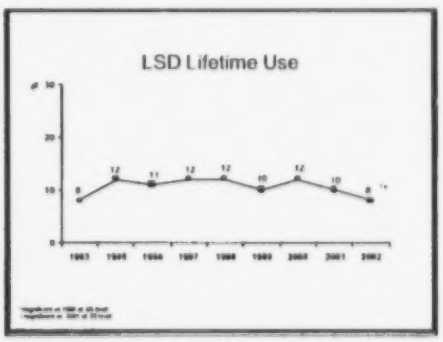
more young people did report Ecstasy use as being dangerous, and the rise in use slowed."

Ecstasy was originally used at all night dances, called raves. According to PATS 2002, one-fifth of teens report that they have attended a rave.

LSD

There was a significant decrease in 2002 versus 2001 in friends' use of LSD and in teen lifetime use of the drug. The trial rate in 2002 is now down to the level in 1993.





LSD became reintroduced into youth culture in the 90s through the rave culture. Teens who experimented with Ecstasy and other "club drugs" were also exposed to LSD.

The effects of LSD are unpredictable. They depend on the amount taken, the user's personality, mood, and expectations, and the surroundings in which the drug is used. The physical effects include dilated pupils, higher body temperature, increased heart rate and blood pressure, sweating, loss of appetite, sleeplessness, dry mouth, and tremors. Sensations and feelings change much more dramatically than the physical signs. The user may feel several different emotions at once or swing rapidly from one emotion to another. If taken in a large enough dose, the drug produces delusions and visual hallucinations. The user's sense of time and self changes. Sensations may seem to "cross over," giving the user the feeling of hearing colors and seeing sounds. These changes can be frightening and can cause panic.

For more information on LSD go to http://www.drugfreeamerica.org/Drug_Resource

Inhalant Abuse

Inhalants are ordinary household products that are inhaled or sniffed by children to get high. There are hundreds of household products on the market today that can be misused as inhalants.

For more information on inhalants go to http://www.drugfreeamerica.org/Drug_Resource

Although there has been some slippage in risk perceptions of inhalant abuse, exposure through friends' use and teens' past year and past month abuse have significantly declined versus 1998.

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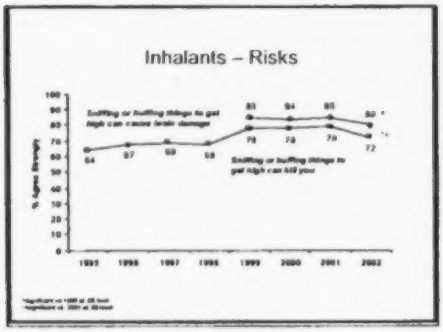

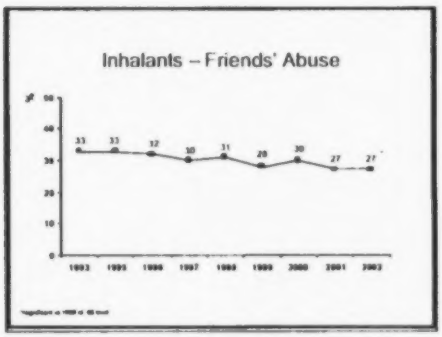

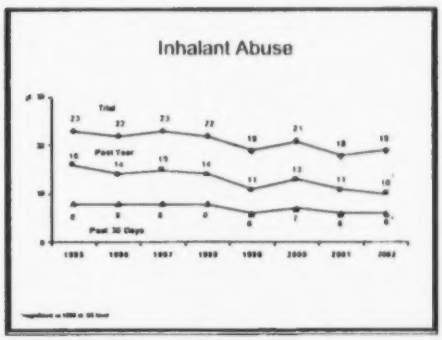

The *Monitoring the Future* researchers give much of the credit for the decrease in inhalant abuse to the Partnership's anti-inhalant abuse campaign. *"The turnaround in inhalant use and beliefs about its harmfulness corresponds exactly with the start of the Partnership for a Drug-Free America's anti-inhalant ad campaign, so we are inclined to credit much of the improvement in inhalant use to that intervention."*

Methamphetamine

"Meth" is addictive, and users can develop a tolerance quickly, needing a higher amount to get high, and going on longer binges. Some users avoid sleep for three to 15 days while binging. Psychological symptoms of prolonged meth use are characterized by paranoia, hallucinations, repetitive behavior patterns, and delusions of parasites or insects under the skin. Users often obsessively scratch their skin to get rid of these imagined insects. Long-term use, high dosages, or both can bring on full-blown toxic psychosis (often exhibited as violent, aggressive behavior). This violent, aggressive behavior is usually coupled with extreme paranoia.

For more information on methamphetamine go to http://www.drugfreeamerica.org/Drug_Resource

Perceived risk in trying methamphetamine once or twice was significantly higher in 2002 than in 1998; however, risk in regular use remained steady.

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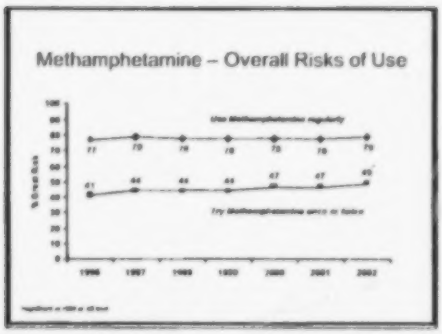
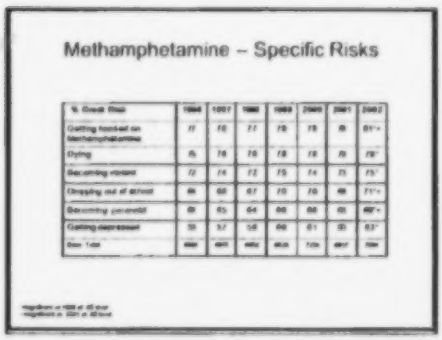
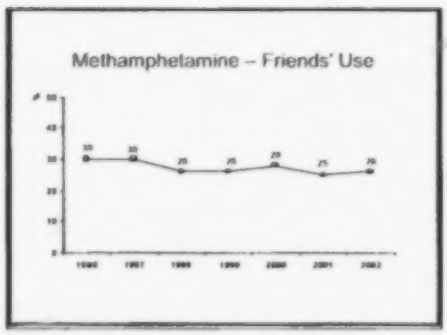


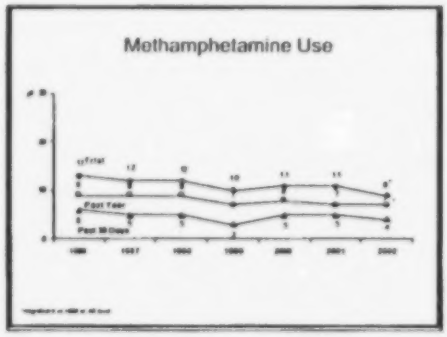
There was also positive movement in specific perceived risks of methamphetamine use. Teens in 2002 were more likely than in 2001 to see a "great risk" in *getting hooked on methamphetamine*, *dropping out of school*, and *becoming paranoid*.



Reported friends' use of methamphetamine did not change with about a quarter of teens reporting that they had close friends who use methamphetamine.



Lifetime trial and past year use of methamphetamine in 2002 was significantly lower than it was in 1998.



Cocaine/Crack

Perceived risk in trying cocaine/crack has not changed since 1993, roughly half of teens see a "great risk" in trying the drug once or twice and four out of five think there is a "great risk" in regular use.

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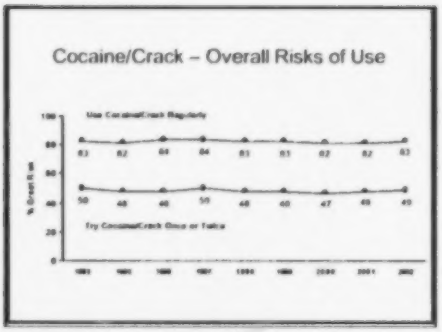
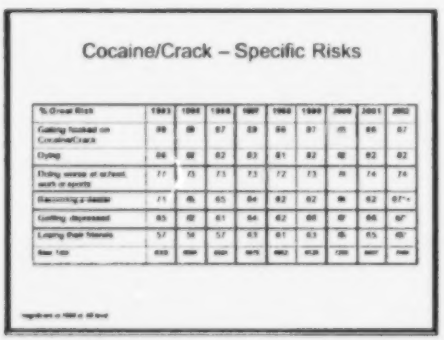


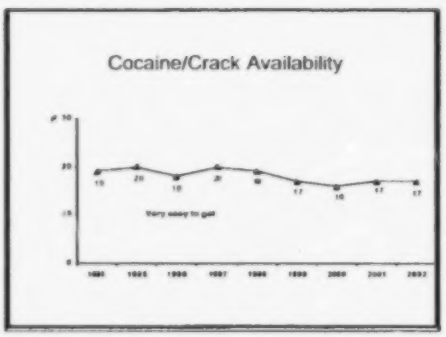
In 2002 there was a significant increase in the perceived risk of *becoming a dealer* if one uses cocaine/crack. All other risks remained stable versus 2001.



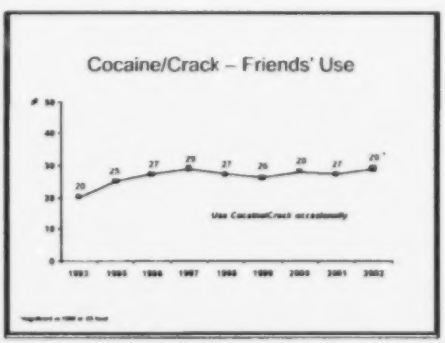
Short-term effects of cocaine include constricted peripheral blood vessels, dilated pupils, increased temperature, heart rate, blood pressure, insomnia, loss of appetite, feelings of restlessness, irritability, and anxiety. Cocaine's effects are short lived, and once the drug leaves the brain, the user experiences a "coke crash" that includes depression, irritability, and fatigue.

For more information on cocaine and crack go to http://www.drugfreeamerica.org/Drug_Resource

The perceived availability of cocaine/crack has not changed since 1993 with roughly a fifth of teens believing that the drugs would be "very easy to get."



Reported friends' use of cocaine/crack did not change in 2002 versus 2001; however, it is significantly higher than in 1998. About three in ten teens report that they have friends who use cocaine/crack occasionally.



Lifetime trial, past year, and past month use of cocaine/crack among teens did not change versus 2001. It is significantly higher than in 1993.

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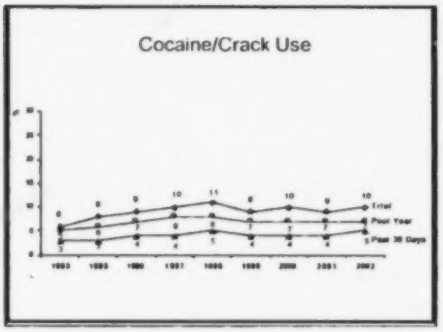
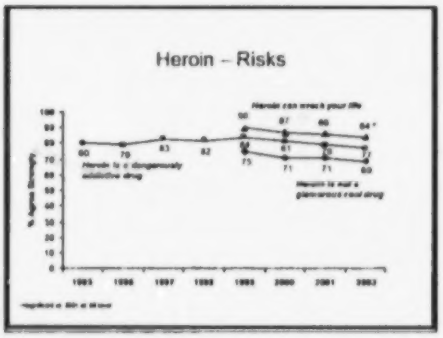
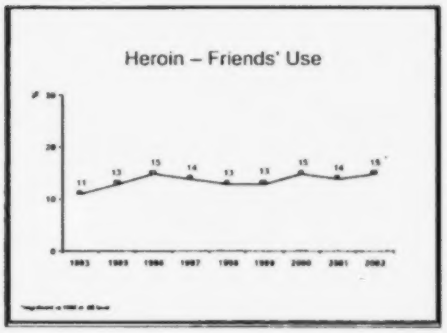


Heroin

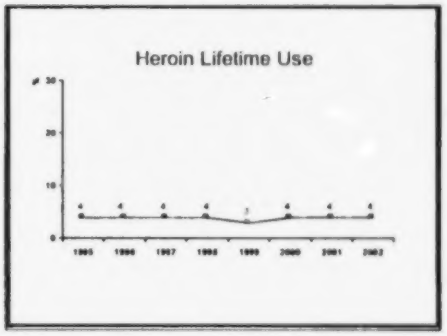
Teens in 2002 were significantly less likely than in 2001 to "agree strongly" that *heroin can wreck your life.* However, perceived risks in heroin use remain extremely high.



About one in seven (15 percent) teens reports having close friends who have ever tried heroin. This is significantly higher than in 1998.



Very few teens (4 percent) have ever tried heroin.



The short-term effects of heroin abuse appear soon after a single dose and disappear in a few hours. After an injection of heroin, the user reports feeling a surge of euphoria ("rush") accompanied by a warm flushing of the skin, a dry mouth, and heavy extremities. Following this initial euphoria, the user goes "on the nod," an alternately wakeful and drowsy state. Mental functioning becomes clouded due to the depression of the central nervous system. Other effects included slowed and slurred speech, slow gait, constricted pupils, droopy eyelids, impaired night vision, vomiting, and constipation.

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For more information on heroin go to http://www.drugfreeamerica.org/Drug_Resource

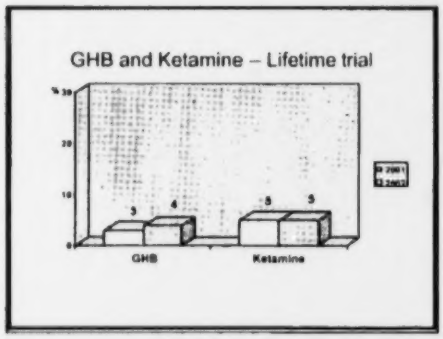
GHB and Ketamine

GHB is predominantly a central nervous system depressant. At lower doses, GHB can relieve anxiety and produce relaxation. Combining use with other drugs such as alcohol can result in nausea and difficulty breathing. GHB may also produce withdrawal effects, including insomnia, anxiety, tremors, and sweating.

Ketamine hydrochloride is a central nervous system depressant and a rapid-acting general anesthetic. It has sedative-hypnotic, analgesic, and hallucinogenic properties. It is marketed in the US and a number of foreign countries for use as a general anesthetic in both human and veterinary medical practice.

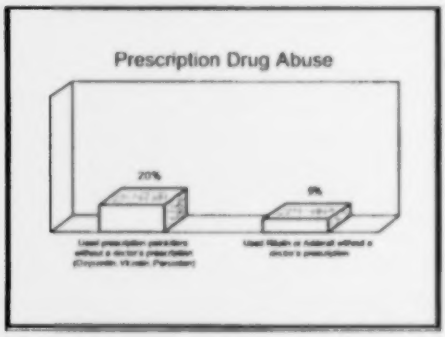
For more information on GHB and ketamine go to http://www.drugfreeamerica.org/Drug_Resource

Very few teens have ever tried GHB (gamma- hydroxybutyrate) or Ketamine also known as Special K.



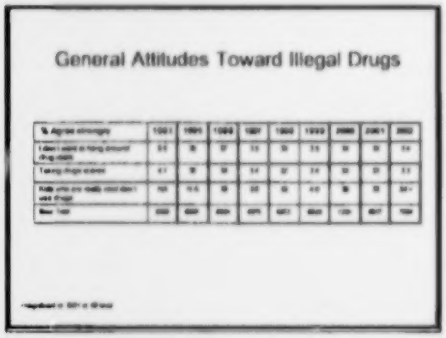
Prescription Drug Abuse

Questions about prescription drug abuse were added to PATS for the first time in 2002. One out of five (20 percent) teens report having used prescription painkillers (Oxycontin, Vicodin, Percodan) without a doctor's prescription. One in ten (9 percent) say that they have used Ritalin or Adderall without a doctor's prescription.



Drugs in general

Overall general anti-drug attitudes have remained fairly stable.



Drugs may be losing some of their fun and adventurous image. There was a significant decrease from 2001 to 2002 in agreement with *drug users feel*

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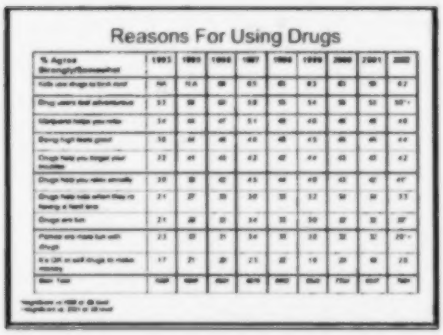
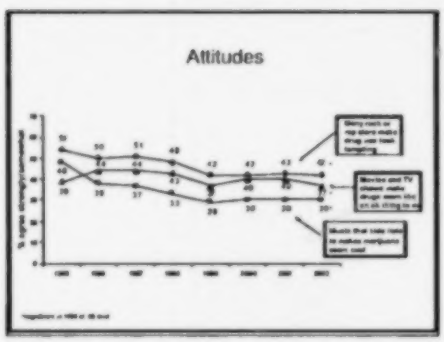
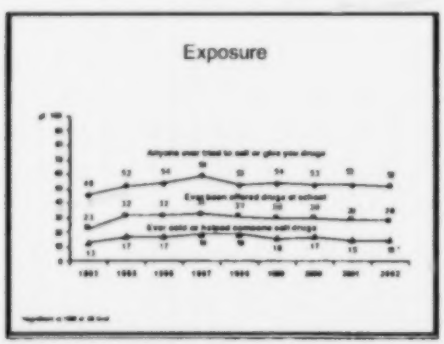
adventurous and *parties are more fun with drugs.*



Cultural influences (music, movies, television) were less likely to be seen as pro-drug in 2002 than they were in 1998.

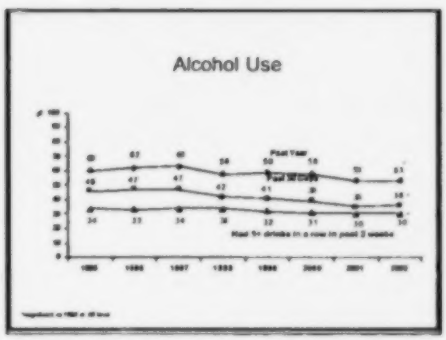


There has been no change in exposure to drugs – half (52 percent) of teens continue to say that they have been offered drugs and three out of 10 (29 percent) report being offered at school.



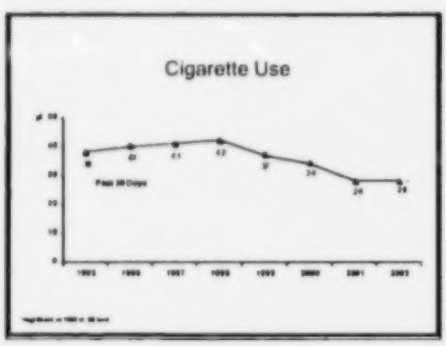
Alcohol

Compared to 1998 all measures of teen alcohol use in 2002 significantly decreased. Past year alcohol use dropped from 58 percent to 53 percent; past month use declined from 42 percent to 36 percent; and binge drinking, which is defined as having five or more drinks in a row in the past two weeks went from 34 percent 30 percent.



Cigarettes

Past 30-day cigarette use has significantly decreased from 1998 to 2002. In 1998 four out of 10 (42 percent) teens smoked cigarettes, by 2002 the percent had dropped to 28 percent.



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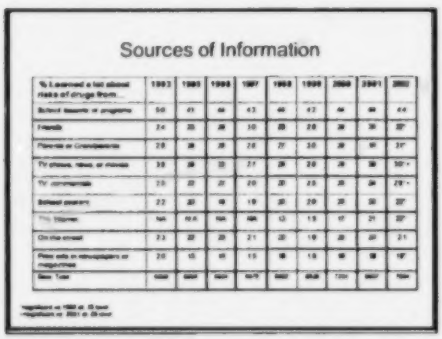
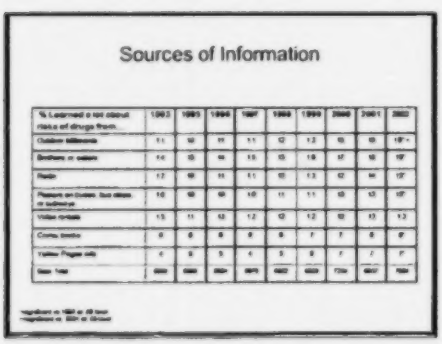
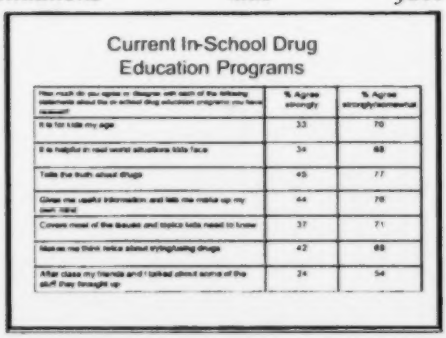
Sources of Information Where Teens Learn About the Risks of Drugs

Compared to 2001 there was a significant increase in media as sources of information about the risks of drugs. TV shows, news, or movies; TV commercials; and outdoor billboards significantly increased as a source where teens say they *learned a lot about the risks of drugs*. During this time period, most non-media sources of information – school, parents, friends, and brothers/sisters did not show any change.


Sources of Information

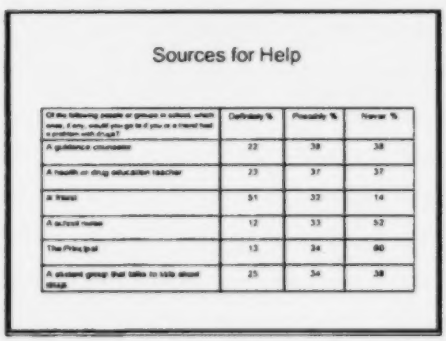

Sources of Information

Teens do not give high marks to current in-school drug education programs. Only a third "agree strongly" that *the programs are helpful in real world situations kids face.*


Current In-School Drug Education Programs

	% Agree strongly	% Agree strongly/somewhat
It is for kids my age	33	70
It is helpful in real world situations kids face	34	68
Tells the truth about drugs	45	77
Gives me useful information and lets me make up my own mind	44	78
Covers most of the issues and topics kids need to know	37	71
Makes me think twice about trying/using drugs	42	69
After class my friends and I talked about some of the stuff they brought up	24	54

School services were also not rated highly as sources where teens would go for help if they or a friend had a problem with drugs. Only about a quarter (23 percent) would say that they *definitely would go to a health or drug education teacher.*


Sources for Help

	Definitely %	Possibly %	Never %
A guidance counselor	22	39	38
A health or drug education teacher	23	37	37
A friend	51	33	14
A school nurse	12	33	52
The Principal	13	34	50
A student group that talks to kids about drugs	25	34	38

From 1998 to 2002 there has been a significant increase in the number of discussions teens have had with their parents about drugs. In 1998, 22 percent reported that their parents had spoken to them four or more times in the past year about drugs. By 2002, 26 percent of teens were reporting discussions occurring four or more times a year.

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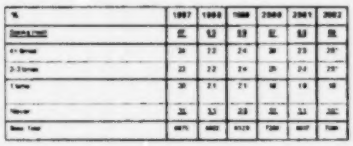
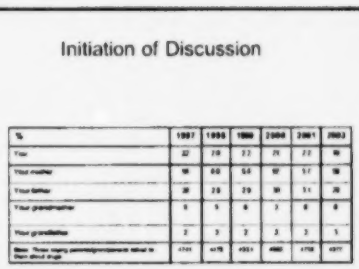
Frequency of Parents/Grandparents talking about Drugs in Past Year



Mothers initiate the majority of these discussions (59 percent).

Initiation of Discussion

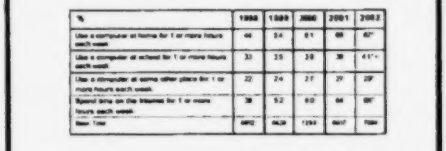


Computer Use

Home computer use significantly increased from 1998 to 2002. In 1998 four out of ten (44 percent) teens reported using a computer at home for an hour or more each week, by 2002 two-thirds (67 percent) of teens used a computer at home.

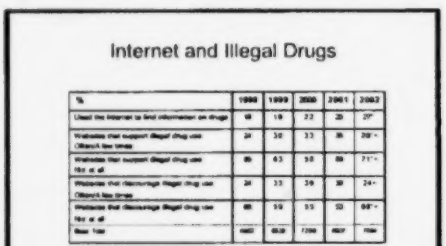
Internet use also showed a significant increase during this time period. In 1998, 38 percent of teens spent an hour or more each week on the Internet, by 2002, 65 percent reported spending an hour or more each week on the Internet. Computer use at school significantly increased from 2001 to 2002.

Computer Use



The Internet is not widely used as a source to find information either pro- or anti-drug. A fifth of teens (20 percent) report going to Web sites that support illegal drug use. A quarter (24 percent) say that they go to Web sites that discourage illegal drug use.

Internet and Illegal Drugs



National Youth Anti-Drug Media Campaign

The Partnership is now participating in an unprecedented public/private marketing effort – the largest ever undertaken in the United States – that is redefining public service advertising. Backed by an average annual appropriation of about $190 million[3] and

[3] 1998 appropriation: $195 million; 1999 appropriation; $185 million; 2000 appropriation:

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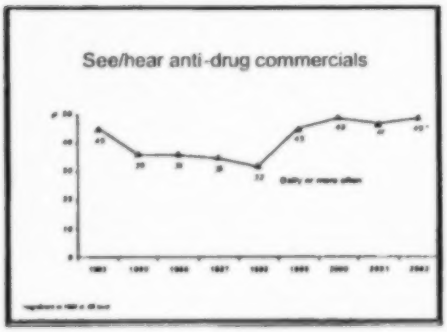
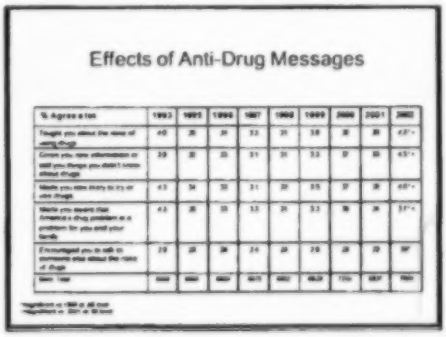
with bipartisan support in the U.S. Congress, the National Youth Anti-Drug Media Campaign has become the centerpiece of the country's efforts to reduce demand for illegal drugs. Rolled out nationally in July 1998, the effort is taking several directions, but at its core the campaign is tapping into the enormous power of mass media through the Partnership's national advertising campaign. The bulk of federal monies appropriated for this program were specifically earmarked for the one thing that eluded PDFA's campaign in the early and mid-1990s – consistent, targeted and optimal national media exposure for anti-drug advertising.

The primary focus of the National Youth Anti-Drug Media Campaign is adolescent use of marijuana. PATS findings suggest that the campaign may have played an important role in the improvement of teens' attitudes and use of marijuana.

The number of teens reporting seeing or hearing anti-drug commercials on a daily basis in 2002 remained at the same level versus 2001. There was a significant increase in awareness in the first year (July 1998 to July 1999) of the National Youth Anti-Drug Media Campaign from 32 percent to 45 percent.



Teens in 2002 were significantly more likely to "agree a lot" that the anti-drug messages *taught you about the risks of using drugs, gave you new information or told you things you didn't know about drugs, made you aware that America's drug problem is a problem for you and your family,* and *made you less likely to try or use drugs.*



$185 million; 2001 appropriation: $185 million; 2002 appropriation: $180 million.

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